FOR TOWN USE ONLY				
Date:				
Application No				
Staff Initials:				
Approved	Denied □			
Amount Awarded\$ _				



Huntington Community Development Agency Community Development Block Grant Fund Application For Funding under the CARES Act (CDBG-CV)

NAME OF ORGANIZATION:
ADDRESS:
CONTACT PERSON:
PHONE NUMBER:
DUNS #: FED. TAX ID #:
Does your organization have federal 501 (c) 3 IRS status? Yes No
Is your organization subject to fiscal Single Audit Requirements? Yes No
What year was your organization founded/established:
Physical Address of Project:
Amount of funding requested:
Define the community associated with the activity:
Anticipated Accomplishments (attach additional information if necessary):

Choose category and provide the	anticipated number to be	assisted:		
Youth to be assisted	Elderly to be assisted	d Jobs to be created		
People to be assisted	Business to be assisted			
Is the activity to be carried out by	the municipality?	Yes	No	
Is the activity to be carried out by	the applicant?	Yes	No	
Is applicant a faith-based organiza	ition?	Yes	No	
Eligibility Criteria:				
All projects must meet the follow	ing criteria:			
	loderate Income Persons or moderate income area e data will be collected			
Prevents, prepares for, and re	esponds to the coronaviru	IS		
Description of Project: Describe specifically how the function of the functio	urchased or services perforovided (physical address) to be provided for activities are designed to ional information, if need ription of your program in	alleviate existing cor ed) cluding details of the		

^{*}Please note, if you are applying for economic assistance for your business, you must complete the Economic Development application for CDBG-CV funding.